

ATTENTION AQUACULTURALISTS

This is a reminder that **all persons** are required to apply for a propagation permit yearly. **If your name is on a Town issued aquaculture license, you need a propagation permit.** This includes **all individuals** whether they are purchasing seed or not. A "**POSSESSION ONLY**" permit will be issued to permit holders **not wishing to buy seed.**

Please complete all propagation/aquaculture forms and return to the Division by April 15, 2008. April 15, 2008 is the expiration date for all existing permits. Late permit applications or renewals will delay processing.

Do to the inordinate number of amendments requested this past year requiring extensive administrative processing, the Division of Marine Fisheries is requesting that permit holders establish a plan for the entire year and try to adhere to it.

Please direct all inquires regarding this matter to:

Jerry Moles
Division of Marine Fisheries
1213 Purchase ST.
New Bedford, MA. 02740
508-990-2860 EXT. 129

**SHELLFISH AQUACULTURE REPORT CALENDAR YEAR 2008
INFORMATION AND CALENDAR YEAR 2007 HARVEST**

A.

LICENSE HOLDER'S NAME: _____

BUSINESS NAME: _____

HOME ADDRESS: _____
Number Street Town

MAILING ADDRESS: _____

TELEPHONE NUMBER: Home _____ Business _____

LOCATION OF LICENSED AREA: _____

SIZE (ACRES): _____

DATE LICENSE WAS ISSUED BY TOWN: _____

DATE LICENSE EXPIRES: _____

B.

HARVEST INFORMATION

**USING THE APPROPRIATE CATEGORY, PLEASE LIST YOUR 2006 HARVEST GIVING AMOUNTS
IN BUSHEL/PIECES ONLY. DO NOT INCLUDE WILD/NON AQUACULTURE FISHERIES!**

**** Failure to submit the catch report as described below may result in the revocation of your permit.****

DO NOT INCLUDE WILD/NON AQUACULTURE FISHERIES!

<u>SPECIES</u>	<u>BUSHEL AMOUNTS</u>	<u>PIECES</u>
<u>NECK</u>	_____	_____
<u>CHERRY</u>	_____	_____
<u>CHOWDER</u>	_____	_____
<u>AM.OYSTER</u>	_____	_____
<u>BAY SCALLOP</u>	_____	_____
<u>SOFTSHELL CLAM</u>	_____	_____
<u>MUSSEL</u>	_____	_____
<u>OTHER(NAME)</u>	_____	_____

**ALL INFORMATION FURNISHED ON THIS APPLICATION IS TRUE AND ACCURATE TO THE
BEST OF MY KNOWLEDGE.**

Signature of Applicant _____ **Date** _____

LIST SEED SALES BELOW:

<u>SPECIES</u>	<u>PIECES</u>
<u>QUAHOG</u>	
<u>OYSTER</u>	

IF YOU DID NOT HARVEST ANY SHELLFISH IN 2006 PLEASE EXPLAIN.

C. CULTURE TECHNIQUES

PLEASE LIST ANY PROBLEMS YOU ARE EXPERIENCING ON YOUR GRANT (i.e.) MORTALITY, OOR GROWTH,PREDATION,OTHER.

WHAT TYPES OF PROPAGATION TECHNIQUES DO YOU USE ON YOUR AREA FOR GROW OUT PURPOSES?

In Bottom_____ On Bottom_____ Off Bottom _____
Without Protection of Shellfish_____ With Protection _____
Type of Protection: netting_____ Netting with frame _____
Other_____

Describe:_____

IF OFF BOTTOM GROW OUT IS USED, PLEASE CHECK.

Box raised off bottom_____ rafts_____ lantern nets_____

other structure suspended in water column

Explain (state dimensions, materials and height above bottom if applicable).

SPAT COLLECTION:

Do you use any spat collection techniques. yes_____ no_____

If so what type. loose cultch_____ cultch bags_____

type of cultch_____

Source of cultch_____ PVC piping_____ other_____

Explain_____

WHAT METHODS ARE USED TO HARVEST SHELLFISH FROM YOUR AREA?

HAND HELD GEAR: plunger_____ tongs_____ rake_____ hydraulic _____

other(describe)_____

TOWED GEAR:

Non-hydraulic dredge: scallop_____ oyster_____ clam_____

with: chain sweep_____ teeth_____ bar_____ blade_____

Hydraulic: towed _____ escalator_____

HAVE YOU EXPERIENCED ANY PROBLEMS ACCESSING YOUR AREA IN THE PAST THREE YEARS? IF SO, PLEASE EXPLAIN.

2008 SEED TRANSPLANT REPORT

DO NOT SUBMIT 2007 INFORMATION ON THIS FORM. USE A SEPERATE SHEET OF PAPER. SEED PURCHASED AND PLANTED ON PRIVATE LICENSE SITES TO BE COMPLETED BY ALL APPLIANTS AT THE END OF THE TRANSPLANT THIS YEAR.

Species Planted	Name of Hatchery/Individual	Amount Purchased	Date Planted

ESTIMATED AMOUNTS OF SHELLFISH PRESENT ON LICENSE SITE AFTER HARVEST

QUAHOGS _____ AGE 1 (UP TO 1 YR)
AGE 2 (1-2 YRS PLUS)

AM. OYSTERS _____ AGE 1 (UP TO 1 YR)
AGE 2 (1-2 YRS PLUS)

ALL INFORMATION FURNISHED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Licensee's Name: _____

Date: _____ Permit #: _____

ALL TRANSPLANT REPORTS MUST BE RECEIVED WHEN ALL SEED PLANTING IS COMPLETED AND NO LATER THAN DECEMBER 1, 2007. Please direct all inquires regarding this matter to:

Jerry Moles
Division of Marine Fisheries
1213 Purchase St.
New Bedford, MA. 02740
508-990-2860 EXT. 129